

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number <i>10 529429</i>	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	<i>10-3-06</i>						
	Indep	Depend	Indep	Depend	Indep	Depend	
1	<i>1</i>						51
2		<i>1</i>					52
3		<i>1</i>					53
4							54
5		<i>1</i>					55
6		<i>1</i>					56
7		<i>1</i>					57
8		<i>1</i>					58
9							59
10		<i>1</i>					60
11		<i>1</i>					61
12		<i>1</i>					62
13		<i>1</i>					63
14		<i>1</i>					64
15		<i>1</i>					65
16		<i>1</i>					66
17		<i>1</i>					67
18		<i>1</i>					68
19							69
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41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
Total Indep	<i>1</i>						
Total Depend	<i>50</i>						
Total Claims	<i>51</i>						

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